

SUMMONS FOR DEFENDANT
 SUMMONS FOR WITNESS

DOCKET NUMBER
[REDACTED]

Trial Court of Massachusetts
District Court Department

SESSION: CRIMINAL JUVENILE JURY MAGISTRATE HEARING

NAME OF CASE

COMMONWEALTH vs. [REDACTED]

NAME, ADDRESS AND ZIP CODE OF WITNESS

**MS. KATE CORBETT
% DEPARTMENT OF PUBLIC HEALTH
HINTON STATE LABORATORY
305 SOUTH STREET
JAMAICA PLAIN, MA 02130**

NAME AND ADDRESS OF COURT DIVISION

**Malden District Court
89 Summer Street
Malden, MA 02148**

YOU MUST
APPEAR AT
THIS COURT
ADDRESS
ON THE
DATE AND
TIME
SPECIFIED
HEREIN

DATE AND TIME OF APPEARANCE

**MARCH 23, 2010
8:45 A.M.**

LAB [REDACTED]

OFFENSE(S)

**Possession of a Class A Drug
M.G.L. ch. 94C s. 34**

TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH

You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.

NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.

To the above named Defendant Witness:

You are hereby ordered to appear in this Court on the appearance date noted above:

- To answer to a criminal complaint charging with the offenses listed above.
- To give evidence and testify on the behalf of the Commonwealth Defendant in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you any and all records made in the course of testing the seized substances in this matter, identified by Lab [REDACTED]

Please contact ADA Steven A. McKenna at 781-897-8654 upon receipt of this document. Thank you.

DATE OF ISSUE
December 30, 2009

DISTRICT ATTORNEY, MIDDLESEX COUNTY
Gerard T. Leone Jr.

RETURN OF SERVICE

I hereby certify that I served the within summons upon the above named Defendant Witness by

- Delivering a copy of it personally to the defendant or witness.
- Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein.
- Mailing a copy of it to the last known address of the defendant or witness.
- I received the summons on _____ but was unable to make service because: _____

DATE RECEIVED

DATE OF SERVICE

SIGNATURE OF PERSON MAKING SERVICE

TITLE OF PERSON MAKING SERVICE

WARNING TO DEFENDANT OR WITNESS:

**Failure To Appear In Accordance With This Summons May Result In The Issuance Of A Warrant For Your Arrest.
Please Bring This Document With You To Court.**

Atencion;

Esta Es Una Notificaci6n Oficial De La Corte. Si Usted No Sabe Leer Ing6s, Obtenga Traducci6n!

Original Copy Return of Service